

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10691811</div>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	↙		↙		↙			
Total Depend	↘		↘		↘			
Total Claims								

Applicant(s)

Filing Date

* May be used for additional claims or amendments